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NO. 2756 P. 1

# LARSON > NEWMAN

Intellectual Property Law

## FACSIMILE COVER SHEET

DATE: September 18, 2007

TO: MS PETITION

FAX NO.: 571-273-8300

EXAMINER: Karla A. Moore

GAU: 1763

FROM: Jeffrey S. Abel

Reg. No. 36,079

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U.S. APP NO.: 10/602,294

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FILING DATE: June 23, 2003

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APPLICANT(S): Venkat Selvamanickam et al.

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ATTY DKT NO.: 1014-SP108-US

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TITLE: HIGH THROUGHPUT CONTINUOUS PULSED LASER  
DEPOSITION PROCESS AND APPARATUS

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NO. OF PAGES (INCL. COVER SHEET): 7

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Attached please find:

- Transmittal Form (1 pg)
- Fee Transmittal (1 pg)
- Two-month Extension of Time (1 pg)
- Renewed Petition Under 37 C.F.R. §1.137(b)-(2 Pgs)
- Notice of Appeal (1 pg)

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NO. 2756 P. 2

PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

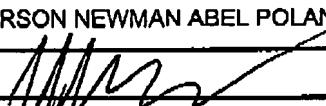
Total Number of Pages in This Submission

	Application Number	10/602,294
	Filing Date	June 23, 2003
	First Named Inventor	Venkat Selvamanickam
	Art Unit	1763
	Examiner Name	Karla A. Moore
6	Attorney Docket Number	1014-SP108-US

## ENCLOSURES (Check all that apply)

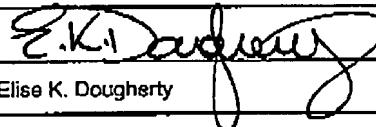
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Renewed Petition under 37 C.F.R. §1.137(b) (2 pgs); Notice of Appeal (1 pg)
<small>Remarks</small> <b>CUSTOMER NO.: 34456</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP		
Signature			
Printed name	Jeffrey S. Abel		
Date	9/18/07	Reg. No.	36,079

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Elise K. Dougherty
	Date
	9/18/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 2756 P. 3  
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<b>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>	
<b>FEE TRANSMITTAL For FY 2006</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$) 950.00</b>

**Complete if Known**

Application Number	10/602,294
Filing Date	June 23, 2003
First Named Inventor	Venkat Selvamanickam
Examiner Name	Karla A. Moore
Art Unit	1763
Attorney Docket No.	1014-SP108-US

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 50-3797		Deposit Account Name: LARSON NEWMAN ABEL POLANSKY & WHITE, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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**FEES CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$)  
 - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

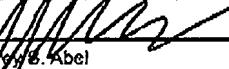
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Notice of Appeal Fee/Two-month Extension Fee

950.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 36,079	Telephone 512-439-7100
Name (Print/Type)	Jeffrey S. Abel	Date 9/18/07	

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